## 1 <u>ESSB 5904</u> - H AMD TO H APP AMD (H-2731.3) **502 FAILED 4/24/03**2 By Representative Pflug

On page 1, after line 2 of the amendment, strike all material through "act." on page 5, line 25, and insert the following:

"NEW SECTION. Sec. 1. The legislature finds that prescription drugs are an effective and important part of efforts to maintain and improve the health of Washington state residents. However, their increased cost and utilization is straining the resources of many people, particularly low-income elderly people who lack insurance coverage for such drugs. Furthermore, inappropriate use of prescription drugs can result in unnecessary expenditures and lead to serious health consequences. It is therefore the intent of the legislature to develop programs to provide prescription drugs at an affordable price to those in need, and increase public awareness regarding their safe and cost-effective use.

NEW SECTION. Sec. 2. A new section is added to chapter 74.09 RCW to read as follows:

- (1) The Washington institute for public policy shall report to the appropriate committees of the legislature by November 15, 2003, on the projected five-year costs, benefits, enrollment levels, and implications for other state-funded medicaid services of a medicaid waiver program that would provide prescription drug benefits to persons aged sixty-five and older who would not otherwise be eligible for medicaid. The department shall actively cooperate and assist the institute in preparation of this report.
- (2) The report shall assess at least three alternative benefit designs, involving differing enrollee premium levels, point-of-service cost-sharing arrangements, and deductible levels.
- (3) For each alternative benefit design, the institute shall provide five-year estimates of the number of state residents who would be eligible for the program, the number who would seek

coverage, and the projected cost of covering all applicants if eligibility for the program were limited to legal residents aged sixty-five and older with incomes at or below: (a) One hundred fifty percent of the federal poverty level; and (b) two hundred percent of the federal poverty level as adjusted for family size and determined annually by the federal department of health and human services.

- (4) For each alternative benefit design and income eligibility level, the institute shall estimate the type and amount of medicaid expenditures on behalf of senior citizens that would need to be avoided as a result of the medicaid waiver program in order to meet federal budget neutrality requirements; the likelihood of avoiding such expenditures; and an assessment of the impacts upon the state budget and upon enrollment in the medicaid waiver program if the cost avoidance needed to meet federal budget neutrality requirements is not achieved.
- (5) The report shall include suggestions about how the medicaid waiver drug benefit should be designed to promote coordination with, and avoid duplication of, drug benefits that may be made available under the federal medicare program.

NEW SECTION. Sec. 3. A new section is added to chapter 41.05 RCW to read as follows:

- (1) The health care authority shall implement a program whereby it negotiates with prescription drug manufacturers for price discounts, comparable to those preferred prices it negotiates for its own purchases, to be available to any Washington resident:
- (a) Whose family income does not exceed two hundred fifty percent of the federal poverty level as adjusted for family size and determined annually by the federal department of health and human services;
- (b) Who does not otherwise have insurance that provides prescription drug coverage; and
- (c) Who is: (i) At least fifty years old; or (ii) between the ages of nineteen and forty-nine and is otherwise eligible for benefits under Title II of the social security act, federal old age, survivors, and disability insurance benefits.

(2) The administrator shall charge participants in this program an annual enrollment fee sufficient to offset the cost of program administration.

- (3) The price discounts available pursuant to this section shall not be at the expense of retail pharmacies.
- (4) Within one hundred twenty days following the establishment of a pharmacy and therapeutics committee by the administrator for the purpose of evaluating the efficacy of prescription drugs, the drug utilization and education council within the department of social and health services shall be disbanded and its functions transferred to the pharmacy and therapeutics committee.
- (5) In administering prescription drug benefits under state purchased health care programs, agencies shall honor an endorsing prescriber's direction to dispense a prescription drug as written on the prescription order.
- (6) The preferred drug list shall exclude drugs used to treat mental illness, cancer, the acquired human immunodeficiency virus, and diabetes.
- (7) The administrator shall not impose requirements for prior approval based on a preferred drug list for a biologic product as defined in section 351 of the Public Health Services Act; 42 U.S.C. 262.
- (8) This program will be terminated within twelve months after implementation of a prescription drug benefit under Title XVIII of the social security act, or by June 30, 2009.

NEW SECTION. Sec. 4. A new section is added to chapter 41.05 RCW to read as follows:

The consolidated prescription drug purchasing account is created in the custody of the state treasurer. All receipts under section 3(2) of this act from the fees from the price discount program created in section 3 of this act must be deposited into the account. Expenditures from the account may be used only for the purposes of section 3 of this act. Only the administrator or the administrator's designee may authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures.

NEW SECTION. Sec. 5. A new section is added to chapter 41.05 RCW to read as follows:

- (1) The administrator shall establish and advertise a pharmacy connection program through which health care providers and members of the public can obtain information about manufacturer-sponsored prescription drug assistance programs. The administrator shall ensure that the program has staff available who can assist persons in procuring free or discounted medications from manufacturer-sponsored prescription drug assistance programs by:
- (a) Determining whether an assistance program is offered for the needed drug or drugs;
- (b) Evaluating the likelihood of a person obtaining drugs from an assistance program under the guidelines formulated;
- (c) Assisting persons with the application and enrollment in an assistance program;
- (d) Coordinating and assisting physicians and others authorized to prescribe medications with communications, including applications, made on behalf of a person to a participating manufacturer to obtain approval of the person in an assistance program; and
- (e) Working with participating manufacturers to simplify the system whereby eligible persons access drug assistance programs, including development of a single application form and uniform enrollment process.
- (2) Notice regarding the pharmacy connection program shall initially target senior citizens, but the program shall be available to anyone, and shall include a toll-free telephone number, available during regular business hours, that may be used to obtain information.
- (3) The administrator may apply for and accept grants or gifts and may enter into interagency agreements or contracts with other state agencies or private organizations to assist with the implementation of this program including, but not limited to, contracts, gifts, or grants from pharmaceutical manufacturers to assist with the direct costs of the program.
- (4) The administrator shall notify pharmaceutical companies doing business in Washington of the pharmacy connection program. Any pharmaceutical company that does business in this state and that offers a pharmaceutical assistance program shall notify the

administrator of the existence of the program, the drugs covered by the program, and all information necessary to apply for assistance under the program.

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(5) For purposes of this section, "manufacturer-sponsored prescription drug assistance program" means a program offered by a pharmaceutical company through which the company provides a drug or drugs to eligible persons at no charge or at a reduced cost. The term does not include the provision of a drug as part of a clinical trial.

NEW SECTION. Sec. 6. A new section is added to chapter 74.09 RCW to read as follows:

Each of the state's area agencies on aging shall implement a program intended to inform and train persons sixty-five years and older in the safe and appropriate use of prescription and nonprescription medications. To further this purpose, the department shall award a development grant of up to twenty-five thousand dollars to each of the agencies upon a showing that:

- (1) The agency has the ability to effectively administer such a program, including an understanding of the relevant issues and appropriate outreach and follow-up;
- (2) The agency can bring resources to the program in addition to those funded by the grant; and
- (3) The program will be a collaborative effort between the agency and other health care providers and programs in the location to be served, including doctors, pharmacists, and long-term care providers.
- NEW SECTION. Sec. 7. A new section is added to chapter 41.05 RCW to read as follows:
- 29 The authority may adopt rules to implement this act.
- NEW SECTION. Sec. 8. By January 1, 2005, the administrator of the health care authority and the director of the department of social and health services shall submit to the governor and the legislature a progress report regarding the implementation of the programs created in this act.

**EFFECT:** Replaces the Appropriations Committee striking amendment with the language of ESSB 5904 as passed the Senate; with the addition of language authorizing dispense as written, eliminating the Drug Utilization and Education Council, exempting four diseases from the preferred drug list, and prohibiting prior authorization on biologic products.